

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			- -/4 -01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		9-22-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	7-15-05
2	✓
3	✓
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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